

**SJR 358**  
**UPDATE AND DISSEMINATION OF THE COLLECTION OF EVIDENCE-BASED**  
**TREATMENT MODALITIES FOR CHILDREN AND ADOLESCENTS**  
**WITH MENTAL HEALTH NEEDS**  
**(THIRD BIENNIAL UPDATE)**

**STUDY PLAN**

**Study Mandate**

Commission on Youth is directed to:

- Make the *Collection of Evidence-Based Treatment Modalities for Children and Adolescents with Mental Health Needs* (the “Collection”) available through web technologies; and
- Seek the assistance of the Advisory Group, Secretary of Health and Human Resources, Secretary of Public Safety and Secretary of Education in posting, maintaining and biennially updating the *Collection*.

**Background**

- Family members, practitioners, and researchers have become increasingly aware that mental health services are an important and necessary support for young children and their families who experience mental, emotional or behavioral challenges.
- The demand for the best medical treatment and evidence-based practices has emerged from this mounting awareness.
- Adoption of evidence-based practices in the field of children’s mental health requires awareness of the most recent and effective treatments for each diagnosable mental health or substance abuse disorder. This necessitates the updating of information.
- In 2002, it was recommended that the Commission publish information on effective treatments and practices for children, including juvenile offenders with mental health treatment needs. The *Collection of Evidence-based Treatments for Children and Adolescents with Mental Health Treatment Needs (Collection)* was published in the fall of 2002.
- In 2003, the Commission recommended that the *Collection* be updated biennially so that current research would be incorporated into this resource. SJR 358 (2003) directed the Commission to biennially update the *Collection*.
- The *Collection* is currently in its third edition, published as *House Document 21* (2008).
- In November 2005, the Commission on Youth approved a recommendation to co-sponsor a statewide conference with the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services. The conference was designed to communicate to behavioral health care professionals, evidence-based practices for children and adolescents with mental health disorders.
- On September 16-18, 2007, a statewide conference on **Systems of Care and Evidence-based Treatments: Tools that Work for Youth and Families** was held in Roanoke, Virginia. Over 500 behavioral healthcare, juvenile justice, child welfare and education professionals, caregivers, families and youth attended to learn about evidence-based practices within a System of Care.

## Issues

### Update of *Collection*

- There has been mounting interest in Virginia and across the nation in developing evidence-based practices for children with mental health and substance abuse needs.
- Since November 2002, research, clinical trials and publications on the effectiveness of children's mental health treatments have increased significantly.
- Recently studies include those conducted on childhood mental health disorders, the effectiveness of various clinical treatments for childhood disorders and the use of psychotropic medications. There have been more than 1,500 published clinical trials on outcomes of psychotherapies for youth and more than 500 different named psychotherapies. This includes six meta-analyses discussing the effects of these treatments and more than 300 published clinical trials on the safety and efficacy of psychotropic medication.
- While there is an Advisory Group in place to assist the Commission with the biennial update of the *Collection*, further collaboration will be necessary to ensure that the *Collection* maintains its usefulness and is reflective of recent research.
- Enhancing the next edition of the *Collection* will help with the continued utilization and expansion of evidence-based practices in Virginia.

### Training on Evidence-based Practices

- The need for training and consultation must also be addressed to ensure appropriate transition and utilization of evidence-based practices.
- There is no system-wide, ongoing training initiative to support the expansion of evidence-based practices. The need for training of service providers, policymakers and others regarding the implementation of evidence-based practices has been a recurring issue, as identified by the:
  - Virginia Child and Family Services Council;
  - *Report on the Integrated Policy and Plan to Provide and Improve Access to Mental Health and Mental Retardation and Substance Abuse Services for Children, Adolescents and their Families* (330 F);
  - Training and Resources for Effective Adolescent Treatment (Project TREAT) Interagency Adolescent Workgroup;
  - HJR 96 (2006) Education and Training Opportunities to Address the Needs of Children with Autism Spectrum Disorders;
  - HJR 119 (2001) Study of Children and Youth with Serious Emotional Disturbance Requiring Out-of-Home Placement; and
  - SJR 358 (2003) Dissemination of the *Collection of Evidence-Based Treatment Modalities for Children and Adolescents with Mental Health Treatment Needs*.
- During the 2008 General Assembly Session, SB 479 (Hanger) was introduced requiring the Office of Comprehensive Services to conduct an annual workshop to train on best practices and evidence-based practices.
- There are recurring requests for training on elements impacting adoption of evidence-based practices. This includes the importance of measuring outcomes, how to measure outcomes, establishing outcome measures and the importance of assessment.
- Agencies have investigated the creation of a training academy to meet the various training needs arising from service providers, caregivers and juvenile justice professionals.

Other Identified Issues

- There is no statewide definition of success.
- There is a high turnover rate of service providers. It is extremely challenging to work with youth with mental health disorders. Many factors should be considered, including inability to locate evidence-based treatments in the community, the stigma of mental health disorders and the lowest paid clinicians are performing the most complicated work (direct service provision). These issues impact recruitment, workforce development and turnover rates.
- It is difficult locating evidence-based treatments within the community. Finding services or providers that offer these treatments is nearly impossible, particularly at the local level, when providers are looking to find appropriate services for their clients.

**Study Activities**

- Re-convene the Advisory Group to determine the scope of the collection efforts for the next biennial update.
- Pursue partnering with state agencies, universities and organizations to enhance the content of the *Collection* for the next biennial update.
- Review other states' initiatives regarding the utilization and dissemination of evidence-based practices in the field of children's mental health.
- Partner with Office of Comprehensive Services and Department of Mental Health, Mental Retardation and Substance Abuse Services on initiatives pertaining to service creation and service array management.
- Identify goals, strategies and mechanisms for continued dissemination of the *Collection*.
- Identify additional partners and participants in biennial update and training initiatives.
- Develop recommendations:
  - Suggested modifications to *Collection*;
  - Partnership or agreement with partner organizations for biennial update; and/or
  - Legislative or budget proposals.
- Present findings and recommendations to the Commission on Youth.